

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CR</i>		<i>1/15</i>
O.I.P.E. CLASSIFIER		<i>45</i>	<i>2/3/07</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB-</i>	<i>70203</i>	<i>2-11</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	<i>2/10/07</i>
2	<i>2/10/07</i>
3	<i>2/10/07</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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